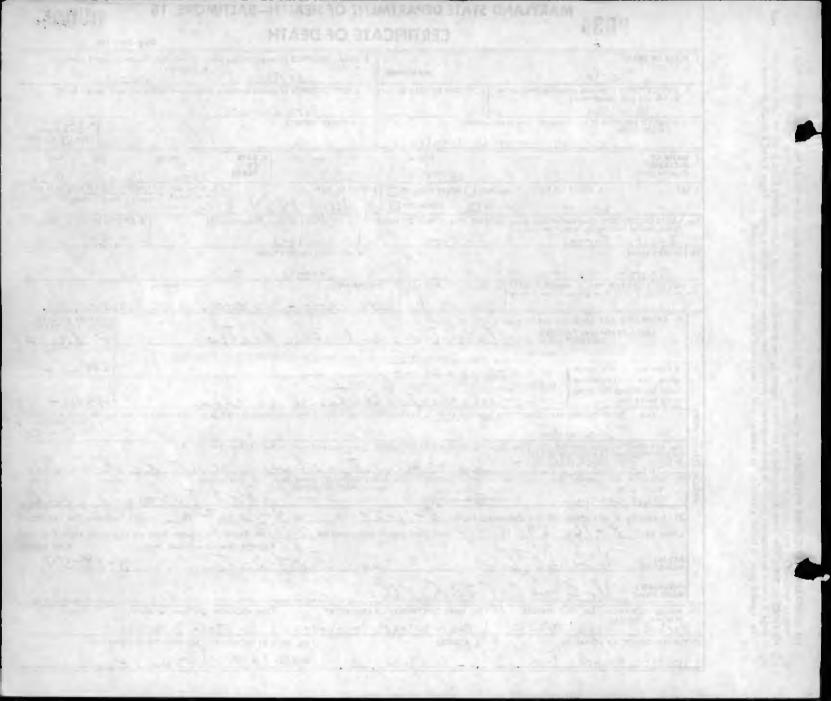
9	A	3	1
J	U	U	-

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09005

				CEK	HEICA	ATE OF D				Reg.	Dist. No.	
1. PLACE o. CO		rles		MA	RYLAND	2. USUAL RESID			d lived. If inst b. COU	NTY _		e admission)
h C17			lan make	- 1510711 05 67	4 V 15 1 31		Maryl		. 41 1		rles	
RUF	RAL ond give ne		its, write	c. LENGTH OF STA	AT IN ID	10		outside corpo	rate limits, wri	te RURAL on	d give nea	rest town)
d. NA OR	NOTITUTION	At (If not in hospital, on the second of the			al	d. STREET AL	The same of the sa					ON A FAI
3. NAMI	E OF	Fi		Mido		Lost		4. DATE		Month	Day	Yeor
DECE/	or print)	JAMES		HENRY		BROWN		DEATH	Augu	st 16		19
5. SEX		6. COLOR OR RACE	7. MARRI		RIED	8. DATE OF BIRTH			9. AGE fin ye lost birthdo	IF UND	ER TYEAR	IF UNDER 24
Mal	•	Negro	WIDOWE			a Aug	18	89	lost birthdo	yrs. Months	Doys	Hours
10o. USU	JAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b. I	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLA	CE (State	or foreign c	ountry)	12. 0	TIZEN O	WHAT CO
_	letired	_	"	On Farm		Mar	vland	3			U. S.	1
	ER'S NAME			11 - 41		14. MOTHER'S					V 9 SZ 9 1	3-3
	George	W. Brown				Tare	enda	?				
15. WAS	DECEASED EVER	IN U. S. ARMED FOR	CES? 16. S	SOCIAL SECURITY N	NO. 17. I	NFORMANT	SHAFF			Address		-11
2.7	or nutuonu)	If yes, give war or dates of i		n len arro	Ma			)h	10	D	- h	. 1/1.2
		THE CENTER OF THE PARK OF		nknown		ry Queen	<u> </u>	SECOLOTICE.	er, r	ort To	bacco	
10.		TH [Enter only one co	ouse per un	e rar (b), (b), ond (	(c)- ]	1 1	1		+ 1		ONS	RVAL BETWEET AND DE
	THE STATE	III HAVE CHOSED BILL				- //14	11					
		IMMEDIATE CAUSE (	1 LIL	awale	ore 4	end xe	lux	deal	con		3	day
4	50.0	DUE TO		awale	ous 4	and the	leg	deal	ion		3	day
Co	nditions, if an	DUE TO	1	ricle	ter	and De	ley	dist	con		3	lans
Co	enditions, if an	DUE TO	S	ricle	ty	and the	ley	dist	ion		3	lan
Go.	nditions, if an	DUE TO	Se	ricle reile	ty	arteris	ec	Pero	sis		3	land
Co gov cou lyin	onditions, if an we rise to in use (a), stating t ng couse last.	DUE TO  ty, which  timediate he under:  DUE TO	Ser	erile  erile  ontributing to	ty DEATH BUT	acteurs	SC THE TERM	COLO INAL DISEAS	E CONDITION	GIVEN IN PA	3	lans lans WAS AUTI- PERFORME
NOTAN Son Son Con	onditions, if an ever rise to in the set of	DUE TO  The under-  ER SIGNIFICANT CON  TO THE UNITED TO T	Les Ser								3	lais lais
Co go lyin lyin 20a.	onditions, if on we rise to in use (a), stoting t ing couse lost.  PART II. OTH	DUE TO  y, which nmediate he under-  ER SIGNIFICANT CON  LUL  UNDERLYING	Je Her	evile  Chile  Ch							3	lans lans WAS AUTI- PERFORME
Co government of the control of the	onditions, if an ve rise to in vse (a), stoling to no couse lost.  PART II. OTH  ACCIDENT WAS CONTRIBUTING	DUE TO	Her Jes Co. Descriptions Co.	RIBE HOW INJURY	OCCURRE	D. (Enter noture of	injury in	Port I or Por	t II of item 18.		y ART HO IS	land land WAS AUTI- PERFORME YES   NO
Co government of the control of the	onditions, if on ve rise to in see (o), storing to ing couse lost.  PART II. OTH  ACCIDENT WAS CONTRIBUTING CONTRIBUTING TIME OF INJURY	DUE TO	Jes Jes Per	RIBE HOW INJURY	OCCURRE	D. (Enter noture of	injury in	Port I or Por	t II of item 18.		3	lans lans WAS AUTI- PERFORME
Co governormal State of the Control	onditions, if an ve rise to in vse (a), stoling to no couse lost.  PART II. OTH  ACCIDENT WAS CONTRIBUTING	ER SIGNIFICANT CON  SUNDERLYING  UNDERLYING  AUSE OF DEATH MEDICAL EXAMINER!  Month, Doy, Ye	Jes	RIBE HOW INJURY	OCCURRE		injury in	Port I or Por	t II of item 18.		y ART HO IS	land land WAS AUTI- PERFORME YES   NO
WEDICAL CERTIFICATION  AEDICAL CERTIFICATION  Social Control of the control of th	onditions, if on ve rise to in see (o), stoling to the ring couse lost.  PART II. OTH  ACCIDENT WAS CONTRIBUTING CONTRIBUTING TIME OF INJURY Hour o. m.	DUE TO  To y, which In mediate the under:  ER SIGNIFICANT CON  SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER  Month, Doy, Ye  19	20b. DESC 20d. IN While of work	Deel How Injury Deel Holling Bury Occurred Not while	OCCURRE	D. (Enter noture of	injury in pme, form oldg., etc	Port I or Por	t II of item 18.	tor	ART 11 15	laus laus laus was auti- performe yes   No
NOILE STATE OF CONTROL	ACCIDENT WAS CONTRIBUTING OF INJURY TIME OF INJURY Hour o. m.	DUE TO  To y, which In mediate the under:  ER SIGNIFICANT CON  SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER  Month, Doy, Ye  19	20b. DESC 20d. IN While of work	PLECT AS A STATE OF THE PLECT	OCCURRED 200. PL	D. (Enter noture of	injury in pme, form oldg., etc.	Port I or Port 2 of City  Port I or Port 2 of City  Port I or Port 2 of City  Port I or Port 2 of City	folar or town)	tos ba	J ART 1(1) 15 (County)	Caus  Caus  Caus  Performe  Yes   No
NOILE STATE OF CONTROL	onditions, if on ve rise to in see (o), stoling to the ring couse lost.  PART II. OTH  ACCIDENT WAS CONTRIBUTING CONTRIBUTING TIME OF INJURY Hour o. m.	DUE TO  To y, which In mediate the under:  ER SIGNIFICANT CON  SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER  Month, Doy, Ye  19	20b. DESC 20d. IN While of work	PLECT AS A STATE OF THE PLECT	OCCURRED 200. PL	D. (Enter noture of	injury in pme, form oldg., etc.	Port I or Por	following 18.  follown)  to town)  to Town  19. 19.  n the cause	tou	J ART 1(1) 15 (County)	Cars  Cars  WAS AUT- PERFORME YES   No
VEDICAL CERTIFICATION  ACTION	PART II. OTH  ACCIDENT WAS CONTRIBUTING CONT	DUE TO  To y, which In mediate the under:  ER SIGNIFICANT CON  SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER  Month, Doy, Ye  19	20b. DESC 20d. IN While of work	PLECT AS A STATE OF THE PLECT	OCCURRED 200. PL	D. (Enter noture of	injury in pme, form oldg., etc.	Port I or Por	folar or town)	tou	J ART 1(1) 15 (County)	Caus  Caus  Caus  Performe  Yes   No
VEDICAL CERTIFICATION  ACTION	ACCIDENT WAS CONTRIBUTING OF INJURY TIME OF INJURY Hour o. m.	DUE TO  To y, which In mediate the under:  ER SIGNIFICANT CON  SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER  Month, Doy, Ye  19	20b. DESC 20d. IN While of work	PLECT AS A STATE OF THE PLANT OF WHITE OF THE PLANT OF TH	OCCURRED 200. PL	D. (Enter noture of	injury in pme, form oldg., etc.	Port I or Por	following 18.  follown)  to town)  to Town  19. 19.  n the cause	tou	J ART 1(1) 15 (County)	Cars  Cars  WAS AUT- PERFORME YES   No
NOITANIE STATE STA	PART II. OTH  ACCIDENT WAS CONTRIBUTING CONT	DUE TO  To y, which In mediate the under:  ER SIGNIFICANT CON  SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER  Month, Doy, Ye  19	20b. DESC 20d. IN While of work	PLECT AS A STATE OF THE PLANT OF WHITE OF THE PLANT OF TH	OCCURRED 200. PL	D. (Enter noture of	injury in pme, form oldg., etc.	Port I or Por	following 18.  follown)  to town)  to Town  19. 19.  n the cause	tou	J ART 1(1) 15 (County)	Cars  Cars  WAS AUT- PERFORME YES   No
NOITY 200. 1 200	ACCIDENT WAS CONTRIBUTING ACCIDENT WAS CONTRIBUTING CONTR	ER SIGNIFICANT CON  SUNDERLYING   Month, Doy, Ye  and attended the  B. DE TO  Con  Con  Con  Con  Con  Con  Con  Co	20b. DESC DITIONS CO 20b. DESC While of work of decease of 19	PLECT AS A STATE OF THE PLANT OF WHITE OF THE PLANT OF TH	OCCURRED 200. PL for for at death	D. (Enter noture of	injury in pme, form oldg., etc.	Port I or Por a Q d n.   20f. (City Por PM, fran Appress (St	following 18.  follown)  to town)  to Town  19. 19.  n the cause	touthat es and an own, stote)	Jarri (1) 15 (County) CCO I last sa the dat	Cars  Cars  WAS AUT- PERFORME YES   No
NOITY 200. 1 200	PART II. OTH  ACCIDENT WAS CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING TIME OF INJURY HOUR O. m. a  I certify the Ve on  UAL NATURE SME (Type)	ER SIGNIFICANT CON  SUNDERLYING   Month, Doy, Ye  and attended the  B. DE TO  Con  Con  Con  Con  Con  Con  Con  Co	20b. DESC DITIONS CO 20b. DESC While of work of decease of 19	POR AND TO RESERVE TO	200 PL for at death	D. (Enter noture of	injury in form bldg., etc.	Port I or Port 20 A. (City Port Appress (St. LOCA)	or town)  The cause  tropy, city or to	tocate the state of the state o	ART 1(4) 15  ART 1(4) 15  (County)  (County)  (A county)  (County)  (County)	Caus  Caus  Caus  PERFORME  YES   No  with decees the d
NOILY 200. OR COUNTY SIGN PANN PANN PANN PANN PANN PANN PANN PA	PART II. OTH  ACCIDENT WAS CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING TIME OF INJURY HOUR O. m. a  I certify the Ve on  UAL NATURE SME (Type)	DUE TO  To y, which Inmediate he under:  DUE TO  TO	20b. DESC DITIONS CO 20b. DESC While of work of decease of 19	POR AND TO RESERVE TO	200 PL for at death	D. (Enler noture of	injury in form of the form of	Port I or Port 20 A. (City Port Appress (St. LOCA)	to lot item 18.  fo la for town)  17. 19.  In the cause  treel, city or to  TION (City, town)	touthat es and an own, stote)	ART 1(4) 15  County)  County)  County  County	Caus  Caus  Caus  Caus  PERFORME  YES   No  with edece stated of DATE  9-5-9  (Stote)

V\$ A15 (4) 15M 9/55



#### FOR STATE HEALTH DEPT.

066

TO DEPUTY ME LAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessarily accounted the certificate, withing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baapa of Health, or its designated agent, prior to burial, cremation, or remaval, and in any event within 72 hours after death.

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VS. A15ME 5M 2/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9035 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09006

Physicians Memorial Hospital.  3. NAME OF BECAMP   First   Middle   Loit   4. DATE   Month   Dey   DECAMP   TOURSE   G. Bryant   Middle   Loit   4. DATE   Month   Dey   DEATH AUGUST   16. COLOR OR RACE   7. MARNED]   NEVER MARRIED   8. DATE OF BIRTH   PART   LOG   Logonity   17. Marning   Days   Hours   DOG USUAL OCCUPATION (Give kind of work done) 106. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stole or foreign country)   A. O.		*	1 . /	Reg. C							200
The Plata	ission)	ore admir				-		MARYLAND		rles	a COHNTY .
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give tireet address)  Physicians Memorial Hospital  3. NAME OF BIRTH  LOUISE G. Bryant  6. COLOR OR RACE  7. MARRED NEVER MARRED S. SEX  6. COLOR OR RACE  7. MARRED NEVER MARRED NEVER MARRED S. DATE OF BIRTH  19. AGE In-years  100. USUAL OCCUPATION (Give kind of work done)  101. KIND OF BUSINESS OR INDUSTRY III, BIRTHPLACE (Stote or foreign country)  102. USUAL OCCUPATION (Give kind of work done)  103. FATHER'S NAME  114. MOTHER'S MAIDEN NAME  115. WAS DECEASED EVER N U. S. ARMED FORCES?  116. SOCIAL SECURITY NO.  117. INFORMANT  117. INFORMANT  118. CAUSE OF DRAIH [Enter only one course par Information of the course of the	rwn)	arest tax	d give ne	RURAL on	rate limits, write				RURAL C.		and give necrest fown)
Physicians Memorial Hospital  NAME OF First  Middle  LOH  A. DATE  Month  Day  First  Month  Dey  Mont	RESIDENCE A FARM?					<u> </u>			nat in hospita	2 4200	
Tourise G   Bryant   Death August 16   Death August 17   Death August 17   Death August 17   Death August 18   Death August 18   Death August 19   Death A	] NO K							tal	Hospita	Memorial	
DIVORCED	Year 19 59		Day	- 1		OF	Lost		_		DECLASIO
100. USUAL OCCUPATION   Give kind of work done   106. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign country)   17. HOUSE   10. CARD	ER 24 HPS				AGE Ille years		DATE OF BIRTH	D NEVER MARRIED 8	7. MARRIED ]	6. COLOR OR RACE	5. SEX
13. FATHER'S NAME	Min.	Hours	Days	Months	1.00	.0	19	DIVORCED [	WIDOWED [	C	F
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  18. CAUSE OF DEATH [Enter only one course per thing or (g), (b), and, (c).]  18. CAUSE OF DEATH [Enter only one course per thing or (g), (b), and, (c).]  18. CAUSE OF DEATH [Enter only one course per thing or (g), (b), and, (c).]  18. CAUSE OF DEATH [Enter only one course per thing or (g), (b), and, (c).]  18. CAUSE OF DEATH [Enter only one course per thing or (g), (b), and, (c).]  18. CAUSE OF DEATH [Enter only one course per thing or (g), (b), and, (c).]  18. CAUSE OF DEATH [Enter only one course per thing or (g), (b), and, (c).]  18. CAUSE OF DEATH [Enter only one course per thing or (g), (b), and, (c).]  18. CAUSE OF DEATH [Enter only one course per thing or (g), (c).]  18. CAUSE OF DEATH [Enter only one course per thing or (g), (c).]  19. DOE TO CONTRIBUTION [IN PART 1(g)] 19. WAS PEER PEER PEER PEER PEER PEER PEER PEE	COUNTRY	WHAT (				AR	RY 11. BIRTHPLACE (State of	Domestic	lone 10b. KIND	life, even if retired)	during post of working
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give work or delate of tervice) 16. SOCIAL SECURITY NO. 17. INFORMANT						/E	14. MOTHER'S MAIDEN NA				13. FATHER'S NAME
The control of the part   Control of the p						* 0.00					AND DESCRIPTION OF THE PARTY OF
18. CAUSE OF DEATH [Enter only one course per Unifor (a), (b), ond,(c).]  18. CAUSE OF DEATH [Enter only one course per Unifor (a), (b), ond,(c).]  18. CAUSE OF DEATH [Enter only one course per Unifor (a), (b), ond,(c).]  18. CAUSE OF DEATH [Enter only one course per Unifor (a), (b), ond,(c).]  18. CAUSE OF DEATH [Enter only one course per Unifor (a), (b), ond,(c).]  18. CAUSE OF DEATH [Enter only one course per Unifor (a), (b), ond,(c).]  18. CAUSE OF DEATH [Enter only one course per Unifor (a), (b), ond,(c).]  18. CAUSE OF DEATH [Enter only one course per Unifor (a), (b), ond,(c).]  19. Cause of Death [Enter only one course per Unifor (a), (b), ond,(c).]  19. Cause of Death [Enter only one course per Unifor (a), (b), ond,(c).]  19. Cause of Death [Enter only one course per Unifor (a), (b), ond,(c).]  19. Cause of Death [Enter only one course per Unifor (a), (b), ond,(c).]  19. Cause of Death [Enter only one course per Unifor (a), (b), ond,(c).]  19. Cause of Death [Enter only one course per Unifor (a), (b), ond,(c).]  19. Cause of Death [Enter only one course per Unifor (a), (b), ond,(c).]  19. Cause of Death [Enter only one course per Unifor (a), (b), ond,(c).]  19. Cause of Death [Enter only one course per Unifor (a), (b), ond,(c).]  19. Cause of Death [Enter only one course per Unifor (a), (b), ond,(c).]  19. Cause of Death [Enter only one course per Unifor (a), (c), ond,(c), ond,(c).]  19. Cause of Death [Enter only one course per Unifor (a), (c), ond,(c), o					Address		IFORMANT	SOCIAL SECURITY NO. 17. H			
18. CAUSE OF DEATH [Enter only one course per Unigror (a), (b), and, (c)   COMMENTAL ALL PLANTS (CONTRIBUTIONS CONTRIBUTIONS (b), and, (c)   COMMENTAL ALL PLANTS (CONTRIBUTIONS (CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WARD (COURSE OF DEATH)  200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTIONS (CONTRIBUTIONS CONTRIBUTIONS (COURSE OF DEATH).  200. TIME OF INJURY Manih, Doy, Year Add. INJURY OCCURRED (Enter noture of injury in Port I or Part 11 of Hem 18.)  21. I certify that I taok charge of the remains described above, held an Autapsy Inspection Inquiry (Country) opinion death results directly as a control of the country opinion death results directly (Country)				id.	lorf. M	.Wal	lzie Rutlez	19			no
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While of work of wor	DRMED?	PERFOR		PA IN PA	CONDITION GIV		17		4.5	ate cause	(o), stating the u
21. 1 certify that I taok charge of the remains described above, held an Autapsy . Inspection Inquiry opinion death esult diram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .	NO [Z	БП				L DISEASE	OT RELATED TO THE TERMIN	NTRIBUTING TO DEATH BUT N	DITIONS CONTI		Adv-P-Start-radius 68-4p-66-84
21. I certify that I tack charge of the remains described above, held an Autapsy . Inspection Inquiry opinion death equit duram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .	(State)				itam 18.)					R SIGNIFICANT CON	At-Titut-should dy-hills
opinion death esuit duram: Natural causes [], Accident [], Suicide [], Hamicide [], Undetermined manner []	Me in my			(Cg	r town).		nter nature of injury in Port I	HOW INJURY OCCUPYED. (E	DESCRIBE HO	E WAS RIBUTING (20	PART H. OTHI
ACTUAL SIGNATURE C. HOLD ON DATE	G III III	1	unty)	Ch	aller	Port II	nter nature of injury in Port I  C WC  E OF INJURY (Home, form, my, street, office bidg, etc.)	HOW INJURY OCCURRED. (E  L  NJURY OCCURRED  Rot while  of work	DESCRIBE HO	R SIGNIFICANT CON  RE WAS RIBUTING 20  Manth, Day, Yet  8-1519	PART H. OTHER  ZOG. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.  ZOC. TIME OF INJUR Hour o. m.
	IGNED		unity) ry	Inqui	pection D	Por Part II	the nature of injury in Port I	NJURY OCCUPPED. (E  NJURY OCCURRED  Not while of work  emains described abo	DESCRIBE HA	E WAS 20 PRIBUTING	PART H, OTHER  200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.  20c. TIME OF INJUR Hour e. m.  21. 1 certify the
EXAMINER'S F. S. EDELEN M.D. DEPUTY MEDICAL EXAMINER DE 8-17-	19		unity) ry	Inqui	pection D	Part II  Oct  (City  Ir  micide	nter nature of injury in Part I  C W L  E OF INJURY (Home, form, ry, street, office bidg, etc.)  L, held an Autapsy  J, Suicide [], Ho	NJURY OCCUPPED. (E  NJURY OCCURRED  Not while of work  emains described abo	DESCRIBE HA	E WAS 20 PRIBUTING	PART H. OTHI  20c. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.  20c. TIME OF INJUR Hour e. m.  21. I certify the opinion death
REMOVAL (Specify)	4)		unity) ry	Inqui	pection Undete	Part II  (Gity  )  In  micide  INER	e, held an Autapsy  Suicide , Ho  ASSISTANT MEDICAL  C WC  C WC  C OF INJURY (Home, form, ry, street, office bidg, etc.)  C Held an Autapsy  ASSISTANT MEDICAL EXAMAND.	NJURY OCCUPPED. (E  NJURY OCCURRED  Not while of work  emains described abo	DESCRIBE HA	E WAS 20 PRIBUTING	PART H. OTHER  200. EXTERNAL CAU PRIMARY 1 or CON CAUSE OF DEATH.  20c. TIME OF INJUR Hour 6. m.  21. I certify the opinion death ACTUAL SIGNATURE EXAMINER'S
BUT 1 AUG. 20 1959 ADDRESS WALDON'S SIGNATURE ADDRESS BUG 2 4 59 Circling & Trans	-		unity) ry	Inquisermined	pection Undete	French III	The noture of injury in Port in Control of Injury (Home, form, ry, street, office bldg., etc.)  A Suicide , Howard Manager Assistant Medical Example of the Puty Medical E	NJURY OCCURRED. (E  NJURY OCCURRED  Not while of work  emains described abo  guses , Accident   772. NAME OF CEMETERY OR	DESCRIBE HOLE  POR STRIPE HOLE  POR STRI	E WAS REBUTING 20 Manth, Day, Yes 1 1 taok charge Sufficients: 1	PART H. OTHER PART H. OTHER PART H. OTHER PRIMARY OF CON CAUSE OF DEATH.  20c. TIME OF INJUR Hour e. m.  21. I certify the opinion death ACTUAL SIGNATURE EXAMINER'S NAME (Type)  220. BURIAL, CREMATOR REMOVAL (Specify)

2 ( . . . ) 3600 then I come from the min a serie stary, please

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09007

FOR STATE	9036	MEDICAL EXAMINER'S	CERTIFICATE	OF DEATH	R
HEALTH DEPT					-

	01	000								Reg. I	Dist. No	1.	
I. PLA	CE OF DEATH					2. 1	SUAL RESIDENCE (V	Vhere dece	osed lived. If institu	tion: Resi	dence be	fore odm	ission)
	County			M	ARYLAND	0	STATE Washing	rton 1	D.C. b. COUNT	Y 4	17 X	_ 3	1
	ITY OR TOWN III	outside corporate limits, w	rite RURAL	c. LENGTH OF S	TAY IN 16	1	CITY OR TOWN (II	outside co	rporote limits, write	RURAL OF	nd give n	eorest to	wn)
	redens Po	int		4-Hours		70.	l-Brandywi	ine St	treet, SE.	Vashi	ngto	n D.	C.
4.00	NAME OF HOSPITA	AL OR INSTITUTION	(If not in ho	spilol, give street or	ddress)	11	i. street Address Ol-Brandy	vine :	St.SE.Apt.	-3		ON	A FARM?
3. NA	ME OF CEASED , persint Will	THO!	W. W	owley	le e	CR	OWE EY	4. DAYE OF DEATH	Month 8-23-5		Day		ear 9
5. SEX				ED NEVER MA	RRIED 2 8	B. DATE	OF BIRTH		9. AGE (In years	IF UNDE	RIYEAR	IF UND	ER 24 HRS
Ma	Le	WHITE	WIDOWE	D DIVOR	CED 🔲	10	-18-54		lost birthday)	Months	Days	Hours	Min.
	ing most of workin	ON (Give kind of worl g life, even if refired		KIND OF BUSINESS	OR INDUST	TRY 11	Washingto				tizen o	F WHAT	COUNTRY
	THER'S NAME					14. /	MOTHER'S MAIDEN N	NAME					
		Crowley-(					MARY	h	INCE				
15. W  Yes, no	AS DECEASED EVI	ER IN U. S. ARMED F (If yes, give wor or dates)	ORCES? 16.	Social Security None		the	r-Mary E.	Crowl	ey 7014-ir	andy ton-I	Wine	Apt.	SE.
11	. CAUSE OF DEAT	TH [Enter only one co	ouse per line	for (a), (b), and (c)	).]						INTE	EVAL BETWEET AND DE	TN
	PART I. DEAT	H WAS CAUSED BY:	a Pata	7 Suhmon	cian								nutes
	929.8	DUE TO		L Billiet.	3.1.011								
	Conditions, If a			lental Fa	Ting	in	Deep Wate:	7					
9	ove rise to immed	fiote couse		CHOEL FAL	The short de la	adapt A	pools meros.						
	o), stoling the source fost.	induriying	c)										
Allegia	Child" Va Potomac	ER SIGNIFICANT CO	NPISIONS C	tried to	o revi	NOT RE	him witho	NAI DISEA	CCGSE	APIT PA		9. WAS PERFO YES []	AUTOPSY RMED? NO KI
	o. EXTERNAL CAL						oture of injury in Port Water Wil	40-	one Was	arou	nd		
20 20 20	Hour o.m.	12-25-PM 1	eor 20d. While			ice of lory, str	INJURY (Home, form reet, office bldg., etc.	205/5	King Poir	it, ch	arle	s Co	. (State)
2	1, I certify th	at I took charg	e of the	remains descri	ibed abo	ove, l	neld an Autops	у 🗍 .	Inspection []	Inqu	ігу 🔲	, an	d in my
0	pinion death	resulted from:	Natural	capses []. A	ccident	X,	Suicide,	Homicid	e . Undete		,	-	
	-/	1 8	0	Y									
	IGNATURE	Cunt	Ru	dree	1	M.D	CHIEF MEDICAL EX	AMINER [	3	^	-		HONED
	XAMINERY JE	mes E. And 17-Potomac	revis l	ndian Hea	d Md.		ASSISTANT MEDICAL			8	.2	3.	5.4
220. 8 R	URIAL CREMATIO	N. 226. DATE THERE	7.59	PRAIL	NG To	CREM	NATA (	22d. 10C	ATION (City, town,	My	I-R	(Stot	14.
	NERAL DIRECTOR	· A	~	ADDRESS		1	24a. REC'	D BY REGI	STRAR 246. REGI	STRAR'S S	IGNATU	RE	-
11	11107 100		10	51711	ing (	pr.	AU AU	G 26	23 0	Thur &	4		

TO DEPUTY MESTALL EXAMINER: This certificate should be executed within 74 hours ofter death. If any delay is not the execute the certificate, writing the ward "pending" in pendi in Item 18. Give Pages 1. 2, and 3 to the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, or its designated agent, prior to burial, cremation, at removal, and in any prefit within 72 hours after death. VS. A15ME 5M 2/57

COMMEN WIGHTON FRANKHER'S CECUI ION IS OF OTATH

09008

Reg. Dist. No.

I. PLACE OF DEATH o. COUNTY Charles MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen	ce befare admission)
b. CITY OR TOWN III outside corporate limits, write RURAL   C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	nive negrest (own)
and give nearest town)	Washington, D.C. /6x	_ ()
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Physicians' Memorial Hosp.	9320 Old Fort Rd.	ON A FARM?
3. NAME OF First Middle  (Type or print) Debra Lynn Donal	dson 4. DATE Month Of DEATH August 21	Doy Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yours   IF UNDER 1	YEAR IF UNDER 24 HRS
Female White WIDOWED DIVORCED		Pye Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF 8USINESS OR INDUSTI during most of working life, even if retired)		S . A .
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Luther Donaldson	Emma Jean Willett	
If you are an unbased to diff you when your or dates of consisted	Tohn L. Donaldson, Washington	d Fort Ra
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Condition if any which		INTERVAL BETWEEN ONSEY AND DEATH Binth
gove rise to immediate course (a), storing the underlying course lost.		 
Feeding problem since birth		PERFORMED?
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter nature of injury in Part 1 or Part 11 of item 18.)	Lad Gay
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC factor while Not while of work at work	CE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bldg., etc.)	ty) (State)
21. I certify that I took charge of the remains described about death resulted from Natural causes, Accident, Suident,	ve, held an Autapsy 📋, Inspection 🗵, Inquiry cide 🔲, Hamicide 🔲, Undetermined cause 🗍.	X, and find the
ACTUAL SIGNATURE	_M.D. CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type) Edward J. Edelen, M.D.	DEPUTY MEDICAL EXAMINER 🔯	8-24-159
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR REMOVAL (Specify) 8-25-59 AV 1 N 9 TO	Nat. Avington	(Stote)
The Henrit Kunen Jane Waldy	240. REC'D BY REGISTRAR 246. REGISTRAR'S SUGI DATERUG 2 6 '59 CIRCLING & A	
2066183XV4		

AL EXAMINER: This certificate should be executed within 24 haurs after demth. If any delay is pessed exectly writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TOR: Page 3 should be used as a burial-transit permit. File pages—4 and 2 with the registrar prior of permit formality. cute the certificate, writing the ward "pending" in pencil in them 18. Give Pages 1, "forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages—

TO DEPUTY N

VS. A15ME(5) 5M 9/55

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HTAGGTO STATERING LICENTRANCE LABORED SECTO The Colon of Street Street Liverson

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9038 Give Pages 1, 2, and 3 to the funeral director. Page 4 should be A3. Page 5 may be retained for your files. Reg. Dist. No. N PLACE OF DEATH 2. USUAL RESIDENCE !Where deceased lived. If institution, Residence before admission! O. STATE b. COUNTY MARYLAND b. CITY OR TOWN III outside corporate fimits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and RAI CCO d. NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NAME OF DATE OF DEATH Middle + Day Last Month DECEASED (Type or print) 461 5. SEX NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years OR RACE MARRIED E IF UNDER TYEAR Months a NOV. Days WIDOWED [ DIVORCED T yrs. AL EXAMINER: This certificate shauld be executed within 24 haurs after death. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? cute the certificate, writing the ward "pending" in pencil in Item 18. Gir forwarded to the Chief Medical Examiner's Office along with form PM3.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. O DEPUTY N ar remaval.

e. IS RESIDENCE ON A EARM? YES NO

IF UNDER 24 HRS.

Hours

Min.

09009

	FARMER ON FARM CHARLES CO. M.D. (	J. S. A.
1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Į	CHARLES DUNMORE SARAH DENT.	4+
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1:60	7-D ST. S.E.
	YES. 1947- 3 YES. MARIE EASTON-SISTER- L	VASHINGTOND.
	18. CAUSE OF DEATH [Enter only one cause per line for (g), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Shock	/nen,
1	816 X DUE TO 1 1 1 1 - 4	1
1	Conditions, if any, which agree the course of the course o	min,
1	(a), stating the underlying DUE TO	
1	couse last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
1	ž nore	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART    200. EXTERNAL CAUSE WAS   200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of Item 18.)   PRIMARY IDEA CONTRIBUTING   PRIMARY IDEA CON	- de/
_	The state of the s	276
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lawn) (Court of work	nty) (State)
		ulle, Md.
1	21. I certify that I took charge of the remains described above held an Avopsy . Inspection II Inquir	
	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause .	
1	ACTUAL DI BAPTET	DATE SIGNED
1	SIGNATURE M.D. CHIEF MEDICAL EXAMINER	
1	EXAMINER'S V. B. DETTOR SEPTIMEDICAL EXAMINER 7	4-59
	The state of the s	( )
	220. BURIAL CREMATION, 22b. DATE THEREO 22c. WOME OF CEMETERY, OR CREMATORY, 22d. LOCATION (City, townsfor country)  REMOVAL (Specify) 8/28/59 Wilnows National Wilness Country)	(State)
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 46. REGISTRAR'S SIG	NATURE
Į	Johnson V Jenking 4804 Strane 64 DATE AUG 28 59 arthur &	Kraus
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VS. A15ME(5) 5M 9/55

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Reg, Dist, No.

2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

r death. Page 4

PLACE OF DEATH

the registror prior to burial, cremation, ar removal, and

VS A15 (4) 1SM 9/58

	,	CHARLEZ	MARYLAND	MARYLA	ND B. COUNTY	CHAS
		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	CITY OR TOWN (IF OF X LA PLAT	utside corporate limits, write RU	IRAL and give nearest town)
		d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION, WASHINGTON, AUE	oddress)	d STREET ADDRESS	IGTON AUE	S RESIDENCE ON A FARM? YES NO
		NAME OF First DECEASED (Type or print)	K. Middle	FARRALL SY.	4. DATE Month of DEATH AUG	9 1959
	ь.	WIALE US-CL' WIDOWI		Sept 13, 188	5 73 yrs	Months Days Hours Min
		USJAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDI	Mar	yland	12. CITIZEN OF WHAT COUNTRY?
,		Thomas R. Fa-	1/647	50 vah	B. Hand	cock
)		WAS DECEASEDEVER IN U. S. ARMED FORCES? 16.	3-03-8896	Leo K. Fa	errall Jr. La	"Plata, Md.
		18. CAUSE OF DEATH [Enter only one couse per In PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (a), (b), and (c)]	in farchm.	potter	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause lost.	the word no.	he heart it	1. 1284 ox	Separa
	CALION	PAN II. OTHER SIGNIFICANT CONDITIONS OF	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	nal disease condition give	IN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIF	200 ACCIDENT WAS UNDERLYING   206 DESI OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED (Enter noture of injury in P	ort I of Port II of item 1B.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d II Hour a. m 19 White p. m. 19	Not while fo	LACE OF INJURY (Home, form, octory, street, office bldg., etc.	20f. (City or town)	(County) (State)
		21. I certify that I attended the decease alive an August , 19.3  ACTUAL SIGNATURE				that I last sow the deceased an the date stated above.  DATE SIGNED  ALL, 59
1		PHYSICIAN'S ARTHUR J	WOODD	/		
		BUYIN 8-11-59	Fort Li	OR CREMATORY  MCO   N	22d. LOCATION (City, town, o	m, D.C.
	23. 12	FUNERAL DIRECTOR'S SIGNATURE	abley,	14 /		TRAR'S SIGNATURE
			1/			



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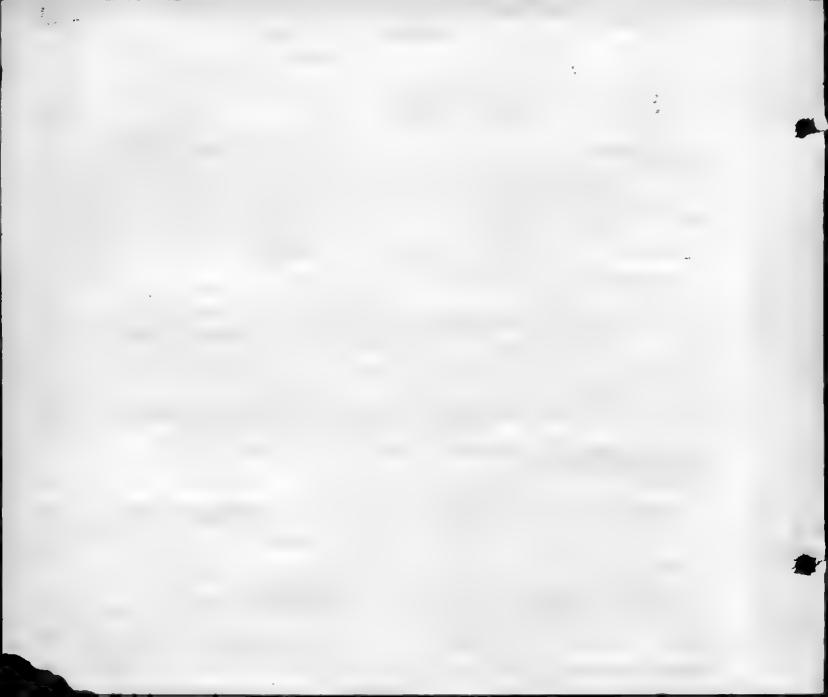
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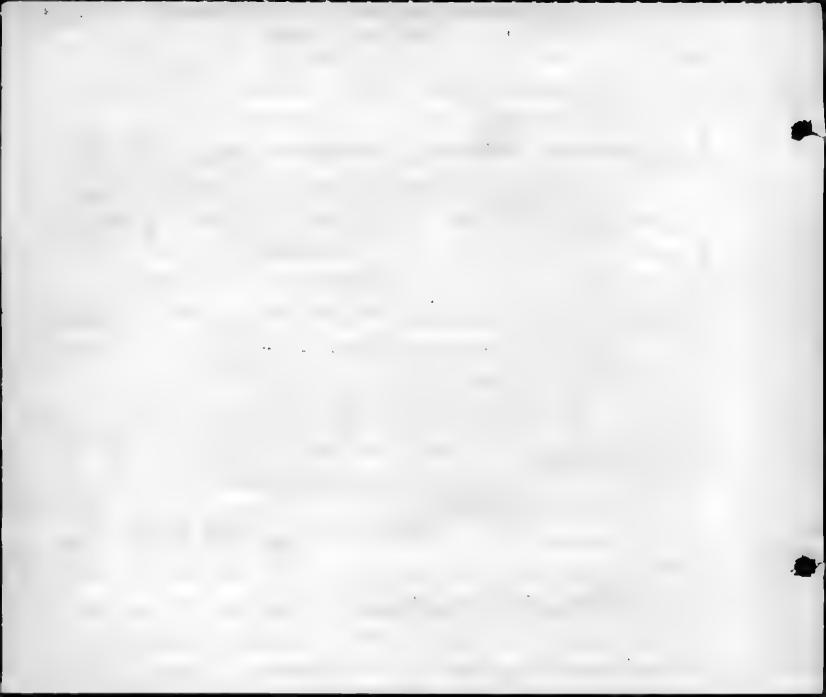
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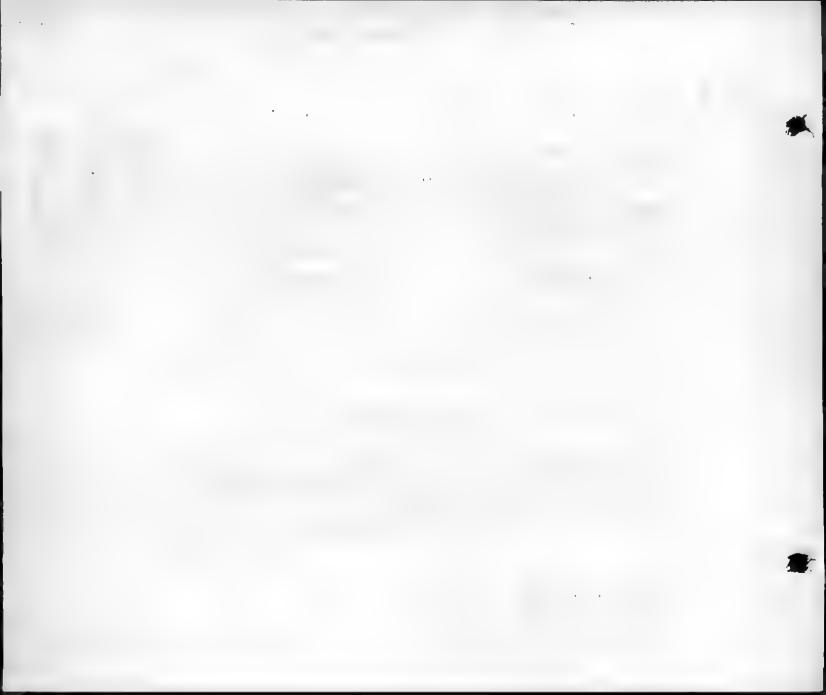
VS A15 (4) 15M 9/55

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9043 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH ssary, please 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Poge 7 b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) retained for your files. 2 with the registror prior to buy BACCO E d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) H. STREET ADDRESS NAME OF Middle DATE Month OF DEATH (Type or print) 150 A TUGUS 9. AGE (In years Jose (In year Just 1997) 7. MARRIED NEVER MARRIED 3. DATE OF BIRTH COLOR OR RACE 3 to the WIDOWED [ YES, 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) during most of warking life, even if retired) puo ofter þ 13. FATHER'S NAME 14. MOTHER'S MAID! Page 5 may Pages 1, EURGE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (if yes, give wer or dates of service) Give NE UNKNOWN 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) iner's Office along with form **DUE TO** Conditions, if any, which ) certificate should be in pencil gove rise to immediate cause (a), stating the underlying couse last. 00 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T CERTIFICATION 200. EXTERNAL CAUSE WAS PRIMARY ID OF CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in

20d. INJURY OCCURRED

of work at work

Not while

Accident 11

22c, NAME OF CEMETERY OR GREMATORY

While

21. I certify that I took charge of the remains described above, held

20e. PLACE OF INJURY (Home.

CHIEF MEDICA

ASSISTANT ME

DEPUTY MEDIC

240.

DATE

09013

e. IS RESIDENCE

YES NO

19

Min.

Rea, Dist. Na.

Day

Days

Months

IF UNDER TYEAR IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

*	1 1	
N NAME	4	/
GAR5/	BRON	IN
	Address	
SEYS-WI	FE POF	IT TODACCO
		INTERVAL BETWEEN CONSET AND DEATH
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00		
ERMINALDISEASE CON	DITION GIVEN IN PART	I(o) 19. WAS AUTOPSY
		PERFORMED?
Part I or Part II of item	18.)	<u> </u>
ut Rout	te #6	
form, 4 20f. (City or low	n) (Coun	
WELC	COME, CI	HARLES, ML
opsy 🔲, Inspec	tion Inquiry	A, and find that
ide 🔲, Undete	rmined cause	
L EXAMINER		DATE SIGNED
_	0	01/ 50
DICAL EXAMINER	- 8-0	24-59
AL EXAMINER		
	ity, town, or county)	(State)
mary		
REC'D BY REGISTRA	24b. REGISTRAR'S SIGN	
AUG 26 '59	Cirilwa I.	Frank

0 VS. A15ME(5) 5M 9/55

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DEPUTY

Exomi 3 should

forworded to the Chief Medic FUNERAL DIRECTOR: Poge

remaya

20c. TIME OF INJURY

5:00 0 m

**ACTUAL** 

SIGNATURE

EXAMINER'S NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify)

23. EUNERAL AIRECTOR'S SIGNATU

Month, Day, Year

death resulted fram: Natural causes

writing the word



TENDING FITY SICIAN: The law requires that the death centificate be executed within 24 hours

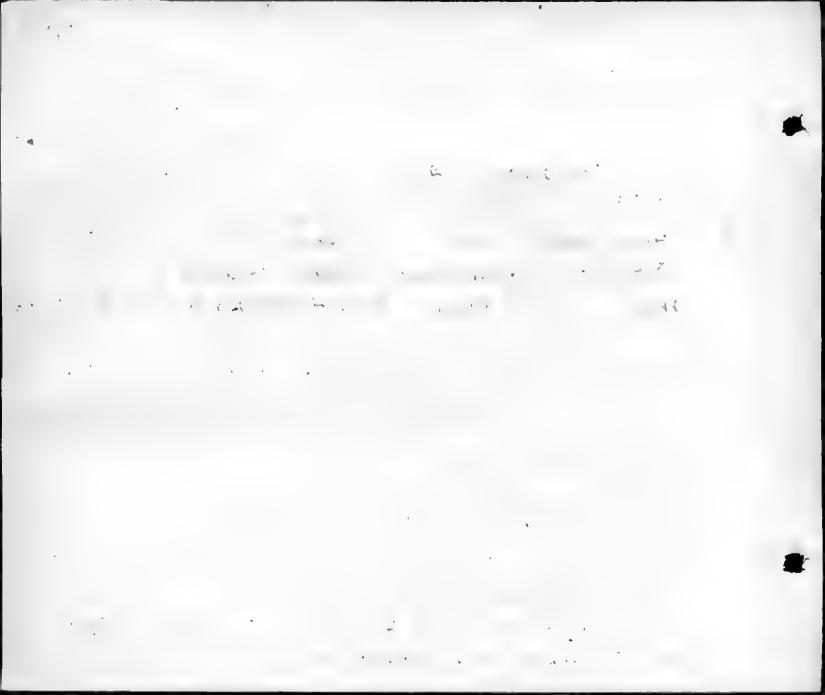
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VS A15 (4) 15M 9/58

death. Page 4

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		Reg. Dist. No.
	1 PLACE OF DEATH  0. COUNTY CHARLES MARYLANG	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE O. ARYLAND b. COUNTY (HARLES)
	B CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  RURAL - CHAPEL POINT 3 YEARS	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  X RURAL - BELALTON - CHAPEL POINT
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. Street address  e. IS residence on a Farm? YES \( \) NO \( \)
	3. NAME OF DECEASED (Type or print)  The print of the pri	LYON 4. DATE Month Day Year OF DEATH A OG 1959
	5. SEX   6. COLOR OF RACE   MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	Sept. 10, 1885   Sept.
	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)	DUSTRY 11, BIRTHPLACE (State or foreign country) 12.CITIZEN OF WHAT COUNTRY
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	JAMES HARKLERIA	MARY Godsev
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. [Vex. no. or unknown] (If yes, give wor or doller of service)	MRS. HIRAM LVIN. Belalton. D
ŀ	IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY OFCHAY	in classion Sincout
	420.1 DUE TO	1
	Conditions, if ony, which gove rise to immediate DUE TO	Underly Cent J. (11 12 - 8 30 120 11) 3 /11 3
ŀ	couse (a), stating the under-	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE 200 ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
		RRED. (Enter nature of injury in Part I ar Part II of item 1B.)
	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. Hour o. m. 19 While Not while of work of work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (County) (State
	21. I certify that I attended the deceased fram.	1948, to 6 Avig 1957, that I last saw the deceased
ı	alive an (2 AU 945+, 1957, and that dec	ath occurred at SLONT M, from the causes and an the date stated above
	ACTUAL SIGNATURE SIGNATURE	ADDRESS (Street, city or town, stole)  DATE SIGNED  M.D. LAPLATA 21HRYKHNO 6 HUSS
1	PHYSICIAN'S HTZTHUR B. WOCDDY	/
	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY BURIES OF CEMETERY COMP. 1959 CEDAR H	Y OR CREMATORY Suithand md
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
ı	Hund Tunus Nome Wale	Lord, IVIA DATE AUG 1 0 '59 CT. 11 - 0 4



### FOR STATE HEALTH DEPT.

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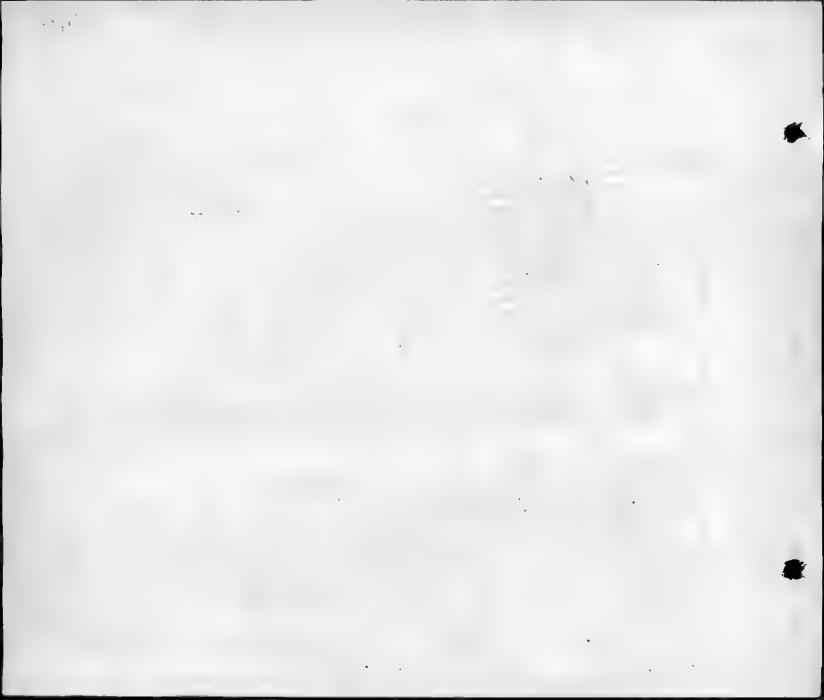
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09015

L	Reg. Dist. No.
1.	PLACE OF DEATH and 1 [2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
1	o. COUNTY Charles MARYLAND O STATE MY b. COUNTY Charles
-	b. CITY OR TOWN (If outside corporate limits, write BURAL   c LENGTH OF STAY IN 1b   c CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town)
	and give recreat (give)
L	La plata I UNE IN LO 1 12 La
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d STREET ADDRESS  e. 15 RESIDENCE ON A FARM?
-	YES NO
3	NAME OF First Middle Lost 4. DATE A Month Day Year
	Type or print) ELINOR PORT S DEATH HUGUST 24 1954
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE UM your IFUNDER TYEAR IF UNDER 24 HE
	FEMALE NEGRO WIDOWED DIVORCED DOCT 201924 34 yrs. Months Days Hours Min.
10	to, USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY   11 BIRTHPLACE (Stops or for an country)
	during most of working life, even if ratired)
-	THOUSE WOYLE POMESTIC HOY TONG VIS. A.
ľ	
L	CIEVE IAND MOTTIS TOUTINE DYSON
JY	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (If you give war or dates of service)
	NO NO NO Pavline Jacks La Plata, Md.
	18. CAUSE OF DEATH [Enter only one couse per ling for (0), (b), and (c) ]
	PART I. DEATH WAS CAUSED BY: Thock and hemoritage / min.
	DUE TO A A A A A
L	The think the transfer of the
ш	gove rise to immediate couse
П	(a), stoling the underlying DUE TO
١,	V Department of the second of
CEPTIFICATION	PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?
1	Moul YES NO D
Ę	200. EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED. (Eyer noture of injury in Part II or Part II of item 18)
14.7	20c. TIME OF INJURY Month, Day, Year (20d. INJURY OCCUPRED 20e PLACE OF INJURY (Home, form, 120f (City or town) / (County)
MES	1:25 8-241959 While Not while of receipt, street office bldg, etc.) La Plata Charles Md
ľ	
L	
Ł	opinion death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner
L	ACTUAL TIPE APPLICATE SYNUTHING TO DATE SIGNED
	SIGNATURE M.D. CHIEF MEDICAL EXAMINER
Н	EXAMINER'S I/B DETTO D ASSISTANT MEDICAL EXAMINER = 8-24-39
_	NAME (Type) V. D., DET TOK DEPUTY MEDICAL EXAMINER 1
2.	O. BURIAL, CREMATION, 226 DATE THEREOF 22 NAME OF CEMETERY OR CREMATORY 22d LOCATION (City lown, or county) (Styte)
	Burial 8-27-59 Sacred Heart 12 D/ata Md.
2:	I. FUYERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
	the Thruth Temeral forme, Walderf, Md. OMG 28 '59 Culling & House
1	ho should Territal your, Willay, 189. 189 Orthon & thouse

TO DEPUTY MICHAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is 7 story, please execute the contract, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral state. Page 4 should be farmorded to the Chief medinal Examiner's Office along with form PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages—and 2 with the State Board of Health, or its designated agent, prior to buriof, cremation, or removal, and in any event within 7 khours after death VS. A15ME 5M 2/57



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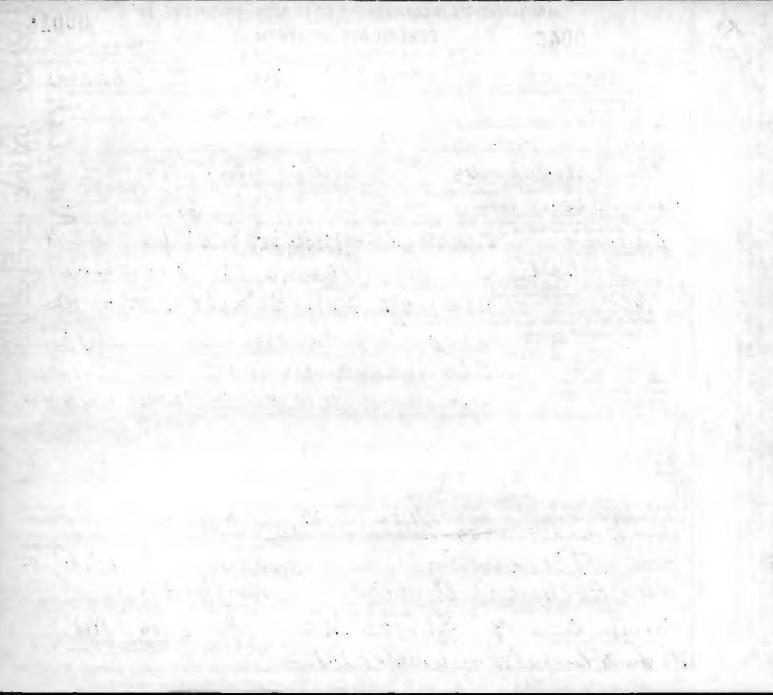
9046 CERTIFICATE OF DEATH				Reg. Dist. No.				
1. PLACE OF DEATH O. COUNTY CHARLES	MARYLAND	2. USUAL RESIDENCE (When		If institution: Reside	ance before odr	nission)		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF out	side carporate lim	its, write RURAL and	give nearest t	own}		
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION OF HYSICIANS MEMOR	hann 11 h	d. STREET ADDRESS			10	RESIDENCE A FARM?		
3. NAME OF DECEASED (Type or print) MARCELL	WS Middle	SCOTT	OF DEATH	AUG.	Day 12	Year 19J9		
S. SEX  MALE  6. COLOR OR RACE  7. MAR  NEGRU WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 22 OCT 184	9. AGE lost,	(In years birthdoy) Months yrs.	R 1 YEAR IF UI Days Hou	1		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	on Structio	STRY 11. BIRTHPLACE (Stole of	11/-1	umbia 12.01	U.S.	A.		
13. FATHER'S NAME  UNK		Margar	t	Plow	Jen	/		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or uniform) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 15-07-4156	Sally B.	Scott	Address USS U	e, N.	W.		
1B. CAUSE OF DEATH [Enter only one couse per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), and (c).) Pespirator	2 Collapse			INTERVAL ONSET A	BETWEEN ND DEATH		
Conditions, if ony, which gove rise to immediate (b)	eberal vasc	ular accord	ent.		2d	24/2.		
cause (o), stoting the under-	typer-tensive	Cardo cas			59	ears		
PART II. OTHER SIGNIFICANT CONDITIONS  200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  Of IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE COND	DITION GIVEN IN PA	PEI	AS AUTOPSY RFORMED?		
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	rt I or Part II of it	em 18.)				
Hour o.m. While		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or tow	n)	(County)	(Stote		
21. I certify that I attended the decear		, 19.55, to /	0	, 19 <u>15</u> ,that 1 I				
ACTUAL ACTUAL SIGNATURE ACTUAL	18		DDRESS (Street, cit			ATE SIGNE		
PHYSICIAN'S ARTHUR C	3. WOOD!	Dy M	larglas	nol.	6	7		
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	CREMATORY 6 . 2	2d. LOCATION IC	ity, town, or county	Md.	itote)		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'O	EY REGISTRAS	24b. REGISTRAR'S S	IGNATURE Thank			

TO HOSPITAL CONTINUAL PHYSICIAN: The law requires that the death certificate be executed within 24 haurs. It death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

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VS A15 (4) 15M 9/58



MAN	LILAND	SIAIE DEP	AKIME	INI OF REA	ALIN-	-DALIIM	OKE, 10		04	0117
9047	CERTIFICATE OF DEATH						Reg. Dist. No	) U U	GTI	
1. PLACE OF DEATH G. COUNTY Chayle	25	MAR	YLAND	2. USUAL RESIDEN	ICE (Where	deceased lived				on}
b. CITY OR TOWN (If oulside corporate RURAL and give negrest town)	limits, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOV	11/	de corporate li	mils, wrîle RUR	AL and give ne	rarest fown)	
d. NAME OF HOSPITAL (If not in hospit OR INSTITUTION	al, give street	Mayia!		d. STREET ADD	RESS				e. IS RESII ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	Fint F5C	atherin		THOMA	75	DATE OF DEATH	Chry	D	1	eor 9 5 7
5. SEX 6. COLOR OF RA	WIDOW		ED 🗍	Dec 2	4, 19.	14 4	birthdoy) U A	Aonths Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of w during most of working life, even if ret House wife	ork done 10b.	1 11 .	OR INDUST	Ma	xy/6	oud	)	12. CITIZEN	-	OUNTRY
William W	ood	land		14. MOTHER'S MA	AIDEN NAN	/				
15. WAS DECEASED EVER IN U. S. ARMED [Yes, no. or unknown)		SOCIAL SECURITY N	0. 17. IN Ja	Mes The	omas	3 , L.	2 Pla	to 1	Nd.	
18. CAUSE OF DEATH [Enter only on PART I. DEATH WAS CAUSED IMMEDIATE CAUSED	BY:	ne for (a), (b), and (c	lero	d	lem	ovh	age	- IN	ISET AND	WEEN DEATH
Conditions, if any, which	(b)	Marly	gna	t by	hert	mais	~		57	ear
PART II. OTHER SIGNIFICANT OF THE SIGNIFICANT OF TH	(c)	CONTRIBUTING TO D	EATH BUT N	NOT RELATED TO TH	E TERMINA	L DISEASE CON	IDITION GIVEN	IN PART 1(o)	19. WAS A PERFOR	PMED?
	20b. DES	CRIBE HOW INJURY	OCCURRED	(Enter noture of in	jury in Port	I or Port II of	item 18.)	· · · · · · · · · · · · · · · · · · ·		
20c. TIME OF INJURY Month, Day, Hour o.m. p. m.	Year 20d. II While of wor	NJURY OCCURRED  Not while  all work	20e. PLA	CE OF INJURY (Hon ory, street, office blo	ne, form, dg., etc.)	20f. (City or to	wn)	(County	)	(Stole)
21. I certify that I attended alive on	the deceas	1-01	Rail t death				couses one		ote state	d obove
ACTUAL SIGNATURE	0	mas	D	.D	Ry	Ploo	city or lown, sto	rd. E	> -/	TE SIGNED
PHYSICIAN'S FIND	,00,	HNSON	MD	+						
8 PEMOVAL (Specify) 8-4-	59	56	Mar.	CREMATORY Y 5	22	Neu Neu	City. lown, or	county) M.	(Stote)	
23. FUNERAL DIRECTOR'S SIGNATURE	12/	ADDRESS 7. /	1 1	7/1/24	la. REC'D B	Y REGISTRAR	24b. REGISTR	AR'S SIGNATU	IRE	

may be retained. The haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. death. Page 4 TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL O VS A15 (4) 15M 10/57

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